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Bib Data Sheet

CONFIRMATION NO. 2085

|   |   |                     |                                       |   |                           |                                |
|---|---|---------------------|---------------------------------------|---|---------------------------|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/076,729  | <b>FILING DATE</b><br>02/15/2002<br><b>RULE</b>   | <b>CLASS</b><br>709 | <b>GROUP ART UNIT</b><br>215T<br>2155 | <b>ATTORNEY DOCKET NO.</b><br>014208.1498 (34-98-001CIP)  |                           |                                |
| <b>APPLICANTS</b><br>Rod D. Lawing, Cedar Rapids, IA;<br>Joan E. McKinley, Mesa, AZ;  |   |                     |                                       |   |                           |                                |
| <b>** CONTINUING DATA *****</b><br>YES, PBT<br>THIS APPLICATION IS A CIP OF 09/177,086 10/22/1998 ABN   |   |                     |                                       |   |                           |                                |
| <b>** FOREIGN APPLICATIONS *****</b><br>NONE, PBT   |   |                     |                                       |   |                           |                                |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br>** 03/18/2002   |   |                     |                                       |   |                           |                                |
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>met<br>Verified and<br>Acknowledged | Allowance<br>Philo Iran<br>Examiner's Signature   | PBT<br>Initials     | <b>STATE OR COUNTRY</b><br>IA         | <b>SHEETS DRAWING</b><br>6  | <b>TOTAL CLAIMS</b><br>38 | <b>INDEPENDENT CLAIMS</b><br>5 |
| <b>ADDRESS</b><br>05073   |   |                     |                                       |   |                           |                                |
| <b>TITLE</b><br>Method and system for central management of a computer network  |   |                     |                                       |   |                           |                                |
| <b>FILING FEE RECEIVED</b><br>1362  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                     |                                       | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                           |                                |



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## APPLICANTS

Rod D. Lawing, Cedar Rapids, IA;

Joan E. McKinley, Mesa, AZ;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 09/177,086 10/22/1998 ABN

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 03/18/2002

|  |                           |                        |                       |                            |
|--|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input type="checkbox"/> no   | STATE OR<br>COUNTRY<br>IA | SHEETS<br>DRAWING<br>6 | TOTAL<br>CLAIMS<br>38 | INDEPENDENT<br>CLAIMS<br>5 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                           |                        |                       |                            |
| Verified and Acknowledged<br>Examiner's Signature _____ Initials _____   |                           |                        |                       |                            |

## ADDRESS

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## TITLE

Method and system for central management of a computer network

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|----------------------------|---|---|
| FILING FEE<br><br>RECEIVED | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees   |
|                            |   | <input type="checkbox"/> 1.16 Fees ( Filing )<br><br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) |